



North Carolina Division of Public Health Minority Diabetes Prevention Program

Frequency Asked Questions – F.A.Q.

(This is a living document which we will update when necessary. New questions and answers added since the last update will be highlighted in yellow. Please check for updates at a later time.)

1. Q: When is the Letter of Intent due?

A: In light of the recent flooding and health department closures, the Division of Public Health is extending the deadline for submitting MDPP letters of intent by one week. **The new deadline for all regions to submit their letters of intent is Friday, October 21, 2016 at 4pm**. Please email your letter to Lucretia.Hoffman@dhhs.nc.gov.

2. Q: How does the regional approach work?

A: The Minority Diabetes Prevention Program (MDPP) is intended to be a collaborative effort between local health departments, local health care providers and community organizations across North Carolina. The Division of Public Health will fund all of the public health regions across the State, however, each region needs to form a multi-county collaborative that can engage, screen and deliver the CDC lifestyle classes to minority communities within its region.

Each region must select a local health department to serve as the lead agency for this program. The role of the lead agency in the MDPP is to coordinate efforts and provide infrastructure for the funding and focus on collaborations with community organizations and local government agencies to implement the diabetes prevention program.

Partner agencies, including local health departments and community organizations, may assist the lead agency with meeting the program goals and objectives by taking the lead on marketing campaigns, coordinating screening events, recruiting participants, identifying or providing locations for classes, facilitating classes, or in some other agreed upon capacity.

3. Is the MDPP only open to African-Americans, Hispanics, American Indians and other racial/ethnic Minorities?



A: No. However, the MDPP is designed to increase Minority screening for prediabetes as well as access to- and participation in- Diabetes Prevention Programs, because “African Americans, American Indians or Alaska Natives, Asians, Hispanics, and Native Hawaiians or Other Pacific Islanders, are at higher risk than non-Hispanic whites” for developing type 2 diabetes (CDC, Diabetes Report 2014). A local health department and its partners may screen and enroll non-Hispanic Whites in the MDPP, provided that they meet the following requirements:

- Regions 1-3: No less than 60% of program participants are members of racial/ethnic minority groups
- Regions 4-10: No less than 75% of program participants are member of racial/ethnic minority groups.

4. Q: What is the grant period?

A: The service period for the MDPP grant is November 1, 2016 – May 31, 2017 and the payment period is December 1, 2016 – June 30, 2017.

5. Q: Which region is my local health department in and are there other local health departments in my region?

A: The MDPP program uses the regions set forth by the North Carolina Association of Local Health Directors. The two exceptions are Wilson and Edgecombe Counties; for this grant Wilson County is with Region 10 and Edgecombe County is with Region 9. Please review the the NCALHD region map to find your region and the list other counties in your region [here](#).

6. Q: Is this a competitive process?

A: No this is not a competitive process. Each region will be funded if they agree to accept the funds.

7. Q: What types of agencies can be a part of the Regional Collaborative?

A: The Regional Collaborative can include entities such as local health departments, community-based organizations (CBOs), faith-based organizations (FBOs), local Community Care of North Carolina (CCNC) networks, Federally Qualified Health Centers (FQHC), Rural Health Centers (RHCs), farmworker programs, Indian Health Services, and hospitals.

Q: Is there a format for the Letter of Intent?



A: Your letter of intent doesn't have to be detailed, but at a minimum, it must address the following:

- Which local health department will serve as the lead agency for the MDPP in your region. For example, you may include a statement such as "The _____ Health Department will serve as the fiduciary lead in Region _____ and accept funding for the Minority Diabetes Prevention Program."
- A list of the other local health departments that will be participating in the MDPP and a list of any local health departments who have opted out of the program.
- Background information of your organizations, including the current level of staffing, number of locations across the region and relevant partnerships or collaborations.
- Relationship with the target populations

8. Q: If a person has been trained in another Diabetes Prevention Program (DPP) do they still have to take the Lifestyle Coach training?

A: Yes. If the person has not been trained to deliver either the "Prevent T2" or "Prevenga el T2" curricula, then they must attend one of the Lifestyle Coach trainings scheduled for the week of December 5, 2016. ***The training scheduled for Pitt County may have to be re-scheduled due to damage inflicted by Hurricane Matthew. Additional information will be forthcoming.***

9. Q: If some of the Local Health Departments in my region decides not to participate in the Collaborative, then does the MDPP Coordinator need to cover their counties?

A: The Regional MDPP Coordinator will be an employee of the lead agency and serve all of the counties covered by members of the Regional Collaborative (which may include CBOs, FBOs, CCNC networks, FQHCs, rural health centers, farmworker programs, Indian Health Services, and hospitals) in whatever capacity the Regional Collaborative decides, as long as it is within the job description. For example, if a local health department in your neighboring county decides not to participate in the MDPP, but a community-based organization in that county decides to join the Regional Collaborative, then the MDPP Coordinator would be responsible for providing support and collecting participant data from that organization.

10. Q: Can regions that are funded under the Obesity, Diabetes, Heart Disease and Stroke Prevention (ODHDSP) grant use existing diabetes coalitions as the multi-agency collaborative for MDPP?

A: Yes, if your coalition includes some of the groups (Rural Health Centers, Federally Qualified Health Centers, Community Based Organizations, etc.) that are recommended as part of the MDPP multi-agency collaborative.

11. Q: If a local health department received funding to do a diabetes prevention program through the Obesity, Diabetes, and Heart Disease and Stroke (ODHDSP) grant, but was not the lead agency, then can the local health department serve as the lead agency for the MDPP grant?

A: Yes. The MDPP grant focuses specifically on diabetes prevention in minority populations and has separate activities and reporting requirements from the ODHDSP grant. Regions are encouraged to work together to decide which LHD will serve as the lead agency for the MDPP grant. However, the lead agency for the MDPP grant does not have to be the same as the lead agency for the ODHDSP grant. In addition, if your agency has done DPP under the ODHDSP grant and accepts MDPPP funding, your agency must report your MDPP data and activities, separate from your ODHDSP activities.

12. Q: If our agency already has a data subscription with the Wake Forest School of Medicine for the ODHDSP grant, then do we need to have another subscription for the MDPP grant? How should we record our MDPP participant data into the database?

A: If you currently have a WFUSOM subscription for the ODHDSP, then you will need to purchase a new subscription for the MDPP.

13. Q: Will you accept applications from individual health departments or do we need to submit an application for the entire region?

A: There is no “application” process for the MDPP grant, because funds will be distributed to each region via an agreement addendum with the health department that has chosen to serve as the lead agency. Each region will receive either \$275,000, \$215,000 or \$150,000 based upon the size of their minority population and prevalence of prediabetes. It is up to the local health departments in each region to decide who will be the lead agency and how the funds will be distributed.

14. Q: How would the funds be distributed to counties if this is a regional grant?



A: The funds will be distributed to the local health department acting as the fiduciary lead for the grant. It is up to the regions to decide how the funds will be distributed after that.

15. Q: Who would employ the MDPP Regional Coordinator and Lifestyle Coaches, assuming they are to lead the program for the entire region?

A: The Regional MDPP Coordinator should be employed by the local health department that's acting as the lead on the grant. The Lifestyle Coaches can be employed by either the lead local health department or its partners/sub-grantees.

16. Q: Can Healthy Community Coordinators serve as Lifestyle Coaches?

A: Healthy Communities Coordinators can serve as Lifestyle Coaches outside of their time dedicated to the Healthy Communities Program. Health departments cannot use Healthy Communities funds to pay for their time teaching MDPP Lifestyle classes.

17. Q: How quickly do we need to hire MDPP staff?

All MDPP staff need to be recruited, hired and prepared to participate in the Lifestyle Coach training session on December 5–9, 2016. A list of registered staff must be submitted to the DPH Program Contact by 12:00 pm on December 2, 2016.

18. Q: Are the number of screenings and percent referrals listed to be completed by each health department in a region, or together as a region?

A: The numbers for screenings, referrals and enrollees in the classes are total for the region.

19. Q: What's the incentive plan? Who administers that?

A: The incentive plan will be shared in the AA and is administered by the Regional MDPP Coordinator.

20. Q: Can we incorporate a referral system to other chronic disease management programs?

A: Yes, however, any referrals made to non MDPP or diabetes self-management education programs (DSME) will have to be recorded separately. They may not be included in the numerator when you report on the percentage of referrals made to MDPP or DSME programs.

